

EDUCATION & TRAINING TOOLKIT

Individual Assessment/Qualifications

NAME: _____ DIVISION: HEALTH OFFICER

SIGNATURE OF APPROVING AUTHORITY: _____ DATE: _____
(may be elected officials, Local Board of Health)

EMPLOYEE SIGNATURE: _____ DATE: _____

HEALTH OFFICER QUALIFICATIONS (C.7)

(Health Officer Qualifications prepared by Mike Bohlin, MD, Tippecanoe County Health Department)

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Public Health Knowledge	1. Verbalizes understanding of public health: social, economic, cultural factors				
		2. Demonstrates knowledge about public health topics such as: <ul style="list-style-type: none"> · Tobacco cessation · Obesity/Nutrition · Physical Activity · Mental Health · Sexual Violence Prevention · Chronic Disease · Communicable Disease · Women's Health · Children's Health (abuse, nutrition, safety, environment) · Minority Health · Substance Abuse 				
		3. Verbalizes familiarity with the 10 Essential Public Health Services				

EDUCATION & TRAINING TOOLKIT

Individual Assessment/Qualifications

NAME: _____

DIVISION: HEALTH OFFICER

SIGNATURE OF APPROVING AUTHORITY: _____ DATE: _____

(may be elected officials, Local Board of Health)

EMPLOYEE SIGNATURE: _____ DATE: _____

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Time Commitment	1. Weekly time commitment is determined at date of hiring and agreed upon by county's elected officials, Board of Health, and appropriate local health department staff and the Health Officer				
		2. Flexibility of other obligations in the event of a public health emergency or other health department crisis is discussed and agreed upon by appropriate personnel and/or elected officials				
		3. Additional responsibilities and time commitment during a public health emergency is discussed and agreed upon by appropriate personnel and/or elected officials and the Health Officer				
	Fiscal Responsibility	1. Demonstrates knowledge of LHD budget and funding sources				
		2. Verbalizes understanding of funding needed for public health programs				
		3. Exhibits ability to be a champion for public health and advocates for needed funding				

EDUCATION & TRAINING TOOLKIT

Individual Assessment/Qualifications

NAME: _____

DIVISION: HEALTH OFFICER

SIGNATURE OF APPROVING AUTHORITY: _____ DATE: _____

(may be elected officials, Local Board of Health)

EMPLOYEE SIGNATURE: _____ DATE: _____

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Education & Licensure	1. Maintains current physician's license				
		2. Maintains board certifications as appropriate				
	Dedication	1. Verbalizes understanding of commitment to attend meetings with health department staff, Board of Health, elected officials, and other community agencies				
		2. Verbalizes understanding of commitment to acquiring additional public health knowledge and willingness to learn				
		3. Verbalizes understanding of commitment to fulfill duties in time of crisis				
		4. Demonstrates ability to meet obligations of position				
	Availability	1. Available to lead health department staff				
		2. Available to respond to questions from media, other providers, and health department staff				
		3. Always available to talk with State Health Commissioner				
		4. Provides 24/7 contact information to both local and state health departments				

EDUCATION & TRAINING TOOLKIT

Individual Assessment/Qualifications

NAME: _____ DIVISION: HEALTH OFFICER

SIGNATURE OF APPROVING AUTHORITY: _____ DATE: _____
(may be elected officials, Local Board of Health)

EMPLOYEE SIGNATURE: _____ DATE: _____

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Task Completion	1. Demonstrates ability to multi-task and balance multiple distractions and disruptions to schedule				
		2. Exhibits appropriate follow-through for tasks even during crisis events				
	Diplomacy	1. Demonstrates good oral and written communication skills				
		2. Demonstrates ability to deal with other people skillfully and tactfully				
		3. Demonstrates ability to think and speak clearly and concisely				
		4. Demonstrates ability to remain calm in crisis situations				
		5. Maintains good relationship with people and organizations within the community (especially needed during public health emergencies)				

EDUCATION & TRAINING TOOLKIT

Individual Assessment/Qualifications

NAME: _____ DIVISION: HEALTH OFFICER

SIGNATURE OF APPROVING AUTHORITY: _____ DATE: _____
(may be elected officials, Local Board of Health)

EMPLOYEE SIGNATURE: _____ DATE: _____

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Foresight	1. Demonstrates ability to see the “big picture” and project the impact on public health				
		2. Demonstrates the ability to lead team/committees for both emergency and non-emergency planning				
		3. Demonstrates ability to evaluate and re-evaluate public health services and expand or contract as indicated				
		4. Demonstrates ability to anticipate community public health needs				
	Management Skills	1. Demonstrates ability to oversee health department but leave everyday operations to staff				
		2. Demonstrates ability to assess staff competency and public health knowledge				
		3. Demonstrates willingness to help staff increase competence and public health knowledge				
		4. Demonstrates ability to lead health department staff in working as a team				
		5. Demonstrates ability to choose new staff members who work well with existing team				
		6. Exhibits a willingness to help others succeed				

EDUCATION & TRAINING TOOLKIT

Individual Assessment/Qualifications

NAME: _____

DIVISION: HEALTH OFFICER

SIGNATURE OF APPROVING AUTHORITY: _____ DATE: _____

(may be elected officials, Local Board of Health)

EMPLOYEE SIGNATURE: _____ DATE: _____

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Understanding of Government Process	1. Demonstrates ability to work within the dynamic of local government to effect change				
		2. Demonstrates measured, methodical, and persistent approach to moving public health forward in the community and with local government				
		3. Demonstrates ability to adapt to government process without becoming complacent				
		4. Exhibits patience and perseverance in working with local government for the good of public health				
	Community-Minded	1. Connected to people in the community and to other clinicians				
		2. Demonstrates ability to build trust within the community				
		3. Demonstrates ability to expand sphere of influence and knowledge within the community				
		4. Demonstrates ability to partner with others during times of crisis				

EDUCATION & TRAINING TOOLKIT

Individual Assessment/Qualifications

NAME: _____ DIVISION: *HEALTH OFFICER*SIGNATURE OF APPROVING AUTHORITY: _____ DATE: _____
(may be elected officials, Local Board of Health)

EMPLOYEE SIGNATURE: _____ DATE: _____

Date	Category	Criteria for evaluation	Skill met / evaluation date	Skill unmet / evaluation date	Resources to address learning needs	Date for skill to be met
	Community-Minded	5. Advocates for citizens of the community and their health				
		6. Health Officer is viewed as approachable and willing to help				
	Leadership	1. Demonstrates ability to lead the health department and take position of authority				
		2. Demonstrates ability to move public health forward within the community				
		3. Capable of thoughtful action to improve morbidity and mortality in the community				
		4. Enables the health department to succeed within the community				
		5. Exhibits ability to learn from mistakes and improve to the future				
		6. Exhibits willingness to “hone” leadership skills through continuing education				

EDUCATION & TRAINING TOOLKIT

NAME: _____ DIVISION: *HEALTH OFFICER*

EMPLOYEE SIGNATURE: _____ DATE: _____

[illegible]